

**SUPPLEMENTAL APPLICATION DATA SHEET**RECEIVED  
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NOV 23 2005

**Application Information**

Application Number:: 10/605,977  
Filing Date:: 11/11/2003  
Application Type:: Regular  
Subject Matter:: Utility  
CD-ROM or CD-R?:: None  
Title:: Conductive Memory Stack with Sidewall  
~~Attorney Docket Number::~~ ~~UNTYP029~~  
Attorney Docket Number:: P029.03.CIP14+D23  
Request for Early Publication?:: NO  
Request for Non-Publication?:: NO  
Total Drawing Sheets:: 12  
Small Entity?:: YES  
Petition Included?:: NO  
Secrecy Order in Parent Appl.?:: NO

**Applicant Information**

Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: US  
Status:: FULL CAPACITY  
Given Name:: DARRELL  
Middle Name::  
Family Name:: RINERSON  
Name Suffix::  
City of Residence:: CUPERTINO  
State or Providence of Residence:: CA  
Country of Residence:: US  
Street of Mailing address:: 10423 HENEY CREEK PLACE  
City of mailing address:: CUPERTINO  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 95014

Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: US  
Status:: FULL CAPACITY  
Given Name:: CHRISTOPHE  
Middle Name::  
Family Name:: CHEVALLIER  
Name Suffix::  
City of Residence:: PALO ALTO  
State or Providence of Residence:: CA  
Country of Residence:: US  
Street of Mailing address:: 168 TENNYSON AVE.  
City of mailing address:: PALO ALTO  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94301

Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: US  
Status:: FULL CAPACITY  
Given Name:: STEVE  
Middle Name:: KUO-REN  
Family Name:: HSIA  
Name Suffix::  
City of Residence:: SAN JOSE  
State or Providence of Residence:: CA  
Country of Residence:: US  
Street of Mailing address:: 6562 BROADACRE DR.  
City of mailing address:: SAN JOSE  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 95120

Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: US  
Status:: FULL CAPACITY  
Given Name:: WAYNE  
Middle Name::  
Family Name:: KINNEY  
Name Suffix::  
City of Residence:: EMMETT  
State or Providence of Residence:: ID  
Country of Residence:: US  
Street of Mailing address:: 7506 UPPER AVE.  
City of mailing address:: EMMETT  
State or Province of mailing address:: ID  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 83617

Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: US  
Status:: FULL CAPACITY  
Given Name:: STEVEN  
Middle Name:: W.  
Family Name:: LONGCOR  
Name Suffix::  
City of Residence:: MOUNTAIN VIEW  
State or Providence of Residence:: CA  
Country of Residence:: US  
Street of Mailing address:: 2711 LEVIN CT.  
City of mailing address:: MOUNTAIN VIEW  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94040

Applicant Authority Type:: INVENTOR  
Primary Citizenship Country:: US  
Status:: FULL CAPACITY  
Given Name:: EMOND  
Middle Name::  
Family Name:: WARD  
Name Suffix::  
City of Residence:: MONTE SERENO  
State or Providence of Residence:: CA  
Country of Residence:: US  
Street of Mailing address:: 17324 EATON LANE  
City of mailing address:: MONTE SERENO  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 95030

**Correspondence Information**

Correspondence Customer Number :: 42958  
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Fax Number:: 408-737-8067  
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**Representative Information**

Representative Customer Number:: 42958

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation in part	10/249,848	5/12/03
10/249,848	An application claiming the benefit under 35 USC 119(e)	60/400,849	8/2/02
10/249,848	An application claiming the benefit under 35 USC 119(e)	60/422,922	10/31/02

**Assignee Information**

Assignee name:: UNITY SEMICONDUCTOR CORPORATION  
Street of Mailing address:: 250 NORTH WOLFE ROAD  
City of mailing address:: SUNNYVALE  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94085-4510